



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Nursing Care Quality Assurance Commission Continuing Competency Sub-committee Meeting

August 21, 2007

7:00 p.m. – 9:00 p.m.

Point Plaza East Conference Room 151

(Telephone conference)

310 Israel Road SE, Tumwater, WA 98504

MINUTES

Members: Cheryl Payseno, Chair; Diane Sanders, Judy Personett, Linda Batch, Marianne Williams, Robert Salas, and Sue Woods

Advisory Group Leaders: Chuck Cumiskey, Joan Caley, Karen Winter, Kim Field, Pam Smith, Peggy Currie, and Ruth Seignemartin

DOH Staff: Paula Meyer, Executive Director and B.J. Noll, Practice Advisor

The meeting was called to order at 7:06 p.m. All members, Advisory Group Leaders, and DOH staff were present.

I. **Approval of the July 17, 2007 meeting minutes** – M/S/C Payseno/Sanders. The members anonymously approved the meeting minutes.

II. **Orientation for the purpose and history of the continuing competency project** – Cheryl presented the Nursing Commission's continuing competency journey. A PowerPoint presentation was sent to the members and advisory group leaders.

Cheryl presented a review of the Nursing Commission's purpose statement to establish, monitor and enforce continuing competency mechanisms; statutory authority authorizing continuing competency pilot projects. The Nursing Commission has the authority to adopt rules to guide and implement the continuing competency project.

III. **The focus will be that this is not a new project for the Nursing Commission, several years of work have brought the commission to this point:**

- Cheryl discussed the history of the nursing commission's work on continuing competency since 2002 with discussion on research and articles provided to the committee members and advisory group leaders.
- BJ provided a brief overview of the North Carolina Board of Nursing's Reflective Practice Approach. There was considerable discussion about the pros and cons of the

reflective practice model. Current nursing literature supports the value of reflection in continuing competency. Some nurses, particularly ARNPs, have expressed concern about the risk of legal liability with the model. At this point, continuing competency could be limited to registered nurses and licensed practical nurses only.

There was consensus that the reflective practice approach has value and should be incorporated into the model for Washington. Introspection and self reflective meets the needs of nurses at every level of practice, allowing them to have success. It is possible to request legal protection from the legislature similar to that granted for hospitals for quality assurance purposes.

Judy suggested that evidence-based practice be incorporated into Washington's reflective practice model.

Cheryl reiterated that the planning is complete and we are moving toward implementation at this time. The Nursing Commission has adopted the North Carolina model to be used as a framework for our state. The model can be modified to meet the needs of Washington.

IV. Advisory Groups:

- Cheryl presented the Commission's strategy for achieving stakeholder and public input. The five advisory group leaders are charged with the following:
 - ◇ soliciting stakeholder and public input into the process;
 - ◇ establishing measurable benchmarks/outcomes and a timeline for completion;
 - ◇ developing a work plan; and
 - ◇ participating in conference calls and meetings.
- Each advisory group leader gave a brief summary of their background and interest in the project, and their plan for their advisory group.
- Project order of work plans and how to get started were discussed.
 - ◇ The Stakeholder Advisory Group needs to identify the stakeholders, including nurses, patients and members of the public.
 - ◇ The Communication Advisory Group needs to develop a plan for communicating, and create a message to communicate state-wide —what to say and to whom. Peggy and Chuck will map out a plan and a strategy.
 - ◇ The Data Collection Advisory Group needs solicit input for baseline data. There needs to be a universal tool, and directions on how to use the tool, and Q&As. Patients need to participate and be asked their opinion about nursing competency. Paula reported that Karen Winters has already developed a survey. Paula will send out Karen's survey to the committee.

- ◇ Operational details: Paula reminded the group to track their time and provided direction regarding how to secure supplies, submitting their itineraries, and working with staff for support was discussed.
- Next Steps:
 - ◇ Each Advisory Group will develop a work plan for the next meeting. BJ will provide the group with the work plan template developed by Cheryl.
 - ◇ BJ will create a master list for group communication.

The next meeting is scheduled for **September 12** from 7:00 p.m. – 9:00 p.m. (*Note: this is a change from the previously scheduled meeting date for September*)

Agenda items:

1. Stakeholders
2. Documentation
3. Introspection/Self Reflection
4. Continuing Education & Continuing Employment
5. Baseline Data Collection

The meeting adjourned at 9:59 p.m.